



Interim Vaccination and Malaria Prophylaxis Recommendations for Persons Traveling to Areas Affected by the Tsunami

On December 26, 2004 at 0058 hours GMT, a strong earthquake, which had a magnitude of 8.9 on the Richter Scale, occurred off the west coast of Northern Sumatra, Indonesia. A subsequent tsunami hit South, Southeast Asia, and East Africa causing a large number of deaths and serious, widespread damage to buildings, roads, and power lines. The following areas are those affected by the earthquake and the tsunami:

Sri Lanka – coastal areas of south, north and east
Indonesia – Sumatra (province Aceh)
India – coastal areas of south and east, Andaman and Nicobar Islands
Thailand – Phang-Nga province, Phuket, Phi Phi Island and Krabi
Malaysia – northwestern states
Maldives – entire islands
Myanmar – southern coastline
Somalia, Tanzania and Kenya – eastern coastlines

The following vaccinations are recommended for travel to areas affected by the tsunami:

- [Hepatitis A](#) or immune globulin (IG).
- [Hepatitis B](#), if you might be exposed to blood (for example, health-care workers), if you will stay longer than 6 months, or will be exposed through medical treatment. [Hepatitis B](#) vaccine is now recommended for all infants and for children ages 11–12 years who did not receive the series as infants.
- [Japanese encephalitis](#), only if you plan to visit rural areas for 4 weeks or more, except under special circumstances, such as a known outbreak of [Japanese encephalitis](#).
 - **Note:** The Japanese encephalitis vaccine may not be practical during short notice deployments. The recommended primary immunization series is three doses of 1.0 mL each, administered subcutaneously on days 0, 7, and 30. An abbreviated schedule of days 0, 7, and 14 can be used when the longer schedule is impractical because of time constraints. Both regimens produce similar immunity among recipients. Two doses given a week apart may be used in unusual circumstances, but will confer short-term immunity in only 80% of vaccinees. The last dose should be administered at least 10 days before beginning travel to ensure an adequate immune response and access to medical care in the event of delayed adverse reactions.
- [Rabies](#), if you might be exposed to wild or domestic animals.
- [Typhoid](#) vaccination is particularly important because of the presence of *S. typhi* strains resistant to multiple antibiotics in this region.
- As needed, booster doses for [tetanus-diphtheria](#) and a one-time dose of [polio](#) for adults.
- The risk of exposure to measles in the affected countries could be high. Measles remains a common disease in many countries of the world. As needed, a booster dose for [measles](#) for adults and

Interim Vaccination and Malaria Prophylaxis Recommendations for Persons Traveling to Areas Affected by the Tsunami

(continued from previous page)

completion of a two-dose measles vaccination schedule for infants and children. See [Vaccine Recommendations for Infants and Children](#) for a discussion of measles immunization schedule modifications for infants who will be traveling.

- [Cholera](#) vaccine, if outbreaks of cholera are being reported (since this immunization is not available in the U.S., it would have to be obtained at an intermediate destination and would require some time for antibody protection to develop.)
- There is **no risk** for yellow fever in Southeast Asia or the Indian Subcontinent. A certificate of [yellow fever](#) vaccination may be required for entry into certain of these countries if you are coming from yellow fever endemic areas. Yellow fever vaccine is recommended for travel to the east Africa countries affected by the tsunami and required for entry into these countries if you are traveling from a yellow fever endemic area.

Recommended malaria prophylaxis for persons traveling to areas affected by the tsunami:

Malaria prophylaxis is recommended for all areas affected by the tsunamis listed above except for the Maldives.

There is no immunization against malaria. Malaria tablets must be taken as prescribed prior to travel, during travel and after travel. The medical history of the traveler and the itinerary will determine which antimalarial medication is most suitable. The options for travel to these regions are: doxycycline, atovaquone/proguanil, and mefloquine. Because doxycycline may also prevent other illnesses in these areas, this may be a preferred antimalarial.

Adverse events include sun sensitivity and vaginal yeast infections in women. Therefore, sunscreen containing UVA and UVB protection should be used along with a broad-brimmed hat if working out of doors during daylight. An over the counter preparation for treatment of vaginal yeast infections should be carried as well.

No antimalarial is 100% effective. Anti-mosquito measures should also be taken including using an insect repellent containing 25%-50% DEET (N,N-diethyl-metatoluamide). Permethrin may be used on clothing and on bed nets.

Travel to a Malaria Risk-area During Pregnancy is NOT Recommended - If you must travel, take an antimalarial drug (a drug to prevent malaria) and prevent mosquito bites to reduce, but not eliminate, the risk of developing malaria. Experience with *several* of the recommended antimalarial drugs indicate that they are safe to take while pregnant - safer for the mother and child than getting malaria would be.

Depending on the country of travel, mefloquine may be recommended. Limited experience with mefloquine indicates that it is safe to take during pregnancy, including the first trimester.

Pregnant women should **NOT** take the following antimalarial drugs: Malarone J™, doxycycline, or primaquine. These drugs are either not safe to take during pregnancy or we don't have enough information to judge their safety.

Interim Vaccination and Malaria Prophylaxis Recommendations for Persons Traveling to Areas Affected by the Tsunami

(continued from previous page)

Additional Recommendations for persons traveling to areas affected by the tsunami:

In addition to receiving appropriate vaccinations and malaria prophylaxis, travelers to the area should review preventions and self-treatment of food and water borne diseases; preventions and care of injuries and wounds; preventions of insect bites; issues around personal safety; and how to cope with the emotional stress of such a disaster.

We recommend travelers to these regions check the CDC Travelers' Health webpage (<http://www.cdc.gov/travel/>) and the U.S. Department of State web site (http://www.travel.state.gov/travel/cis_pa_tw/pa/pa_tsunami.html) for updates and speak with their travel physician prior to travel.

- Copies of all travel documents should be left with family/friends along with as detailed an itinerary as possible. Telephone numbers of embassies/consulates in the countries to be visited should be carried. Efforts should be made to contact home/office at intervals. Evacuation medical insurance should be purchased.
- Travelers should be prepared for little infrastructure regarding food and water distribution, electricity, waste management and transportation. Carrying emergency supplies, including adequate drinking water and food should be planned ahead of time. A complete travel health kit, with extra medications, should be carried at all times.
- After returning from travel, travelers should see a health care provider for any illness that may develop or for any unusual symptoms. Fever following return from these areas could be malaria, which is a medical emergency and should be checked immediately. Insomnia, feelings of disorientation, and irritability beyond that experienced typically due to jet lag or reentry should alert the returning traveler or his/her family and friends to emotional and psychological issues that may need professional intervention.

For more information, visit www.bt.cdc.gov/disasters/tsunamis, or call the CDC public response hotline at 888-246-2675 (English), 888-246-2857 (español), or 866-874-2646 (TTY).

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Page 3 of 3